BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

70885

STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	87-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND CERTIFICATE OF		NE 🖁 🏸	3 3 5	6-2
Ť		CEASED NAME PIRST	MIDDLE DOGGE	LAST	20		ONTH DAY YEAR	26 HOUR
		Caro l	LEE BRASH	emexana	er	NOVI	1987	9:15 M
-[	3 SEX		4 RACE	RACE 5 DATE OF BIRTH			MONTHS DAYS	HEUNDER 24 HRS HOURS MIN.
		FEMALE	WHITE	APR ZS	1939	48	YRS	
		OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVE	R MARRIED -	BALTIMORE CITY OR O	COUNTY OF DEATH	
1	3	CLAWARE	0,5/		DIVORCED [			MD.
)		IYORTOWN OF DEATH		rsing home or other in treet address). <b>Hospita</b>		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF W LOUSE WIF		A /
8	USUA 13g	L RESIDENCE (IF NURSING HOME OR TATE 138 COUN			CITY LIMITS? 13	Be STREET ADDRESS / #	IP CODE	1807
		DRUMPACE WI	conned Sall	SBUTG YES [	NO X		AXINSON L	)R
1	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHE	R'S MAÍDEN NAME	WIDDLE	7) 14	ST
		CALVIN	DEBSU.	ee /	SIANEI	ADDRESS	LONAU	1184
		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFOR	MANI	A La Contract	1. 50-	De De
		NO	420 3	7-77/3 /3/1	VIHO C.	MEXANTE	e Om	115 /3C
-1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b	and ici			BETWEEN	ONSET AND DEATH
-1			E CAUSE (D)	yavu mu	Lame	er		
			- /					
		Conditions, if any, which gove rise to immediate	(P) Marin	nmms				
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	EQUENCE OF				
			(10)					
	Z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMIN.	AL DISEASE OR CONDIT	ION GIVEN IN PART T	.0
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PER	FORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED		
1	FIG				1	YES O NOO	N CERTIFYING CAUSE:	S OF DEATH?
Н	ERI	21a. ACCIDENT WAS UNDERLYING		21c HOW	INJURY OCCURRED	ENTER NATURE OF INJURY IF		
4		OR CONTRIBUTING CAUSE OF DEA	AIN	DAY YEAR				
II	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCA			COUNTY	STATE
	W	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OF	FICE FARM ETC ) STR	EE⊺ T	CITY OR TOWN	COUNIA	STATE
		22a I certify that (I) (this hospi	foll ottended the deceased fi	om 10/26	19 77	. to 11/1	19 87	that (I) (weblast
		sow the deceased alive on		(1-3	ny) <del>(and</del> opinion dec	oth occurred on the date	and have and from the	couses stated
		22b. SIGNATURE	■ view the body ofter death.  ■ view the body ofter death.	DEGREE			22c DATI	SIGNED
		1X4 MAS	40	m	ATTENDING PHYSICIAN DE	MEDICAL STAFF DIRECTOR PHYSICIA	ND )1,	11/87
		224 PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDF	ESS		•	
		JOSEPA A.	GRASSO	145	F. Ca	mull St	Solis In	and an
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION	COUNTY	J 51475
	X	JURIAL	11-4-1987	Wicomile	nom Pt	SALISA	Ury /	mol.
	24 FU	INERAL DIRECTOR	1 Char	d 4	250 DATE P	REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNA	TURE
	10	SOKER + / Sac	mods Oxy	IsBury Inc	7.	Z 1901 A	me hamen.	(andress)

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NA CHIEF PACIFIES

Barton Anna Carlotte and Carlotte

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Table Ministry

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	e Pe	page 3			Ed ward	F. BOSTON NOVEMBER 2.	1987 1103 M
	ē	er p		3 SE)		3. DATE OF BIRTH	FUNDER YEAR IF UNDER 24 HRS
	9	ector rs af			Male	White Oct 12 1921 66 YRS.	
	4	Pau dir	5,1		RTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8	OF DEATH
	deoth.	72			OUNTRY	MARRIED NEVER MARRIED WICOMICO WIDOWED DIVORCED	MD.
•	r de	5	0	10 C	YORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
_	ofte	d h		Sa	V V	Peninsula General Hospital	INDUSTRY
120	S	9		4TSM2	-	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	1 4373
BALTIMORE, MARYLAND 2	2 .		0		TATE IS COU	VITY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE  VES   NO   136. STREET ADDRESS / ZIP CODE	21853
3,5	41		10	Lange	THER'S NAME	MIDDLE 15 MOTHER'S MAIDEN NAME	A LAST
MAR	3	98/	70		Charles	S Karton Nollie	Priden
RE,	3	0 -/ ·			AS DECEASED EVER IN U.S. AL	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS # 2	Bex 70
WO	e ×	ond oge	ned	0		WII 218-12-650 Mrs Thelma P. Batton Pr. A	one and 21853
ILTI	e p	cron F.	6			ly one cause per line for (a), (b), gad (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
8	certificate	pap	ent,		PART 1. DEATH WAS CAUSI	DBY:	BETWEEN ONSET AND DEATH
ST	erti	ban rem	9		IMMEDIA	E CAUSE (o)	
PRESTON		car n, or	traumoti			Due to, OR AS A CONSEQUENCE OF Confidence of	
ESI	death	atte			Conditions, if any, which gove rise to immediate	(b) asteroseturis (pudrovoseulas Usus	
	‡	ren	-		couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
×	that	aby ol, c	a a		underlying couse lost	(c)	
5, 20	uires	signed hen pli to buri	ury, a	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	
ORI	6	t T	<u> </u>	5	19a DATE OF OPERATION	properties in the	WERE FINDINGS USED
DIVISION OF VITAL RECORDS,	<u>o</u>	S 9 9	2 du	CERTIFICATION	196 DATE OF OPERATION	IN CERTIF'	ING CAUSES OF DEATH?
IA!	The		0	RT			NO 🗵
5	IAN: The	certificate irial-tronsi	0		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	216 TIME OF INJURY  ATH HOUR A.M. MONTH DAY YEAR  21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART 1 OR PART 2)
Ö	SICI,	rial	E T	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 19	
O.	PHYSIC	e bu	ö	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME SIREET, FACTORY, OFFICE FARM ETC.)  21f LOCATION STREET CITY OR TOWN	COUNTY STATE
ž		ter this street hond	orked	<	AT WORK NOT WHILE AT WORK		
	ATTENDING	S. A.	E		22a.1 certify that (1) (this base	any offended the deceased from	19 <u>87</u> , that (1) (we) lost
	R ATTEN hospitol	of H	21.		sow the deceased alive or	19 F7 , and that in (my) (***) apinion death accurred on the date and hour	and from the couses stated
	0 E	hed ept.	e B		22b. SIGNATURE	DEGREE	221 DATE SIGNED
		etocl te D	*		$\square$	MALE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/2/87
	PITAL by #	FUNERAL old be deta the State	Z		224 PHYSICIAN SMAME (TYPE		B
	O HOSP	should b	MPORTAN		TAMES	6. CLIEFERD M.P SUITE 12 MEDICAL CENTER	LUISBURY MA
	10 Te	ohs sho	₹	230 5	URIAL, CREMATION, REMOVA		
	0.0			230 0	SP CY)	OITY OR TOWN	county state
	BP.		-	74 FI	INERAL DIRECTOR	NOV 3, 1967 Deech ward 1 1/2 Anne 3	211111111111111111111111111111111111111
		- 16 60M	7/84	( T ) ( )	T NAME / / / /	ODDRESS - NOV · 5 1007 -	
	(\	/RA 15, 4)		_	lames L Hin	man Jr Pr Hone Ma	order- Kindall
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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SERVER   STATE OF STATE   STATE OF STATE OF STATE   STATE OF STATE OF STATE   STATE OF STATE OF STATE OF STATE   STATE OF S				,	MIDDLE	LA	(ST		20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
SEX   NAILE   White   11   21   1926   60   vs.	(1)	(PE OR PRINT) Hai	rold	Jeff	erson	00	ATE	5	NUVEMBE	NE	1987	0330
Male    The Birthack   The Country   The Cou	3 S	EX		4. RACE		5. DATE O	F BIRTH		7 - 0 - 1 - 1	THDAY)		
The september of the product of the country of th		Male		White					60		DNIHS DAYS	HOURS MI
Virginia   U.S.A.   MODINE   NOTE AND   NOTE   NO	7a. I		OREIGN		WHAT COUNTRY?	0					OF DEATH	1
Salisbury  Peninsula General Hospital  Branch Manager Frodu  Branc	V	irginia				WIDOWE	D DI	VORCED [				
18 STATE   13 COUNTY   13 CTY OR FOWN   13 INSIDE CITY LIMITS?   13 STREET ADDRESS / ZIP COOF   303 Glendale DR. 21801   15 MOTHER'S MANE   Thomas?   Letth   Coates   Cladys   Thomas?   Cladys   Thomas?   Letth   Coates   Cladys   Thomas?   Cladys   Thomas?   Letth   Coates   Cladys   Thomas?	Sa	alisbury				al Ho			TYPE OF WORK FOR MOST C	OF WORKING LIFE)	INDUSTRY	
Thomas  Letth Coates Gladys Middle Fishel  Thomas  Letth Coates Gladys  Thomas  Letth Coates  Thomas  Thomas  Thomas  Letth Coates  Thomas  Th	Tigh M	UAL RESIDENCE (IF NURS STATE Laryland	136 COUN WICO				13d INSIDE CITY LIMITS?			/ ZIP CODE ale DR.	. 2180	1
18 CAUSE OF DEATH   Enter only one couse per line for io), (b), and icc.   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE IO)   PULL ON A S. A CONSEQUENCE OF   Conditions, if ony, which gove rise to immediate couse ioi.   stoling the underlying couse lost   (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0    180 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   700 AUTOPSY?   200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES   NO   YE			Le	ith	Coates				MIDDLE		Fisî	hel
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (b), storing the underlying couse lost  (b)  CORONARY  BY PASS  SURGERY  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To  (P96. DATE OF OPERATION  198. CONTRIBUTING OR WHICH OPERATION WAS PERFORMED  10/28/87  210. ACCIDENT WAS UNDERLYING OR AMM.  198. CONTRIBUTING CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  199. ACCIDENT WAS UNDERLYING OR AMM.  190. CONTRIBUTING CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  190. ACCIDENT WAS UNDERLYING CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  190. ACCIDENT WAS UNDERLYING OR AMM.  190. CONTRIBUTING OR CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  190. ACCIDENT WAS UNDERLYING OR AMM.  190. CONTRIBUTING OR CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  190. ACCIDENT WAS UNDERLYING CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  190. CONTRIBUTING OR CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  190. ACCIDENT WAS UNDERLYING CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  191. ACCIDENT WAS UNDERLYING CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  191. ACCIDENT WAS UNDERLYING CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  191. CERTIFY HOS CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  191. CERTIFY HOS CAUSES OF DEATH (P86. THE WAS UNDERLYING OR AMM.  191. CERTIFY HOS COUNTY OF THE WAS UNDERLYING OR AMM.  191. CERTIFY HOS COUNTY OF THE WAS UNDERLYING OR AMM.  192. THE WAS CAUSES OF DEATH  210. ACCIDENT WAS UNDERLYING OR AMM.  211. HOW. SIRREL FACTORY, OFFICE FARM. ETC.)  212. HOW INJURY OCCURRED (P87. THE WAS UNDERLYING OR AMM.  213. ACCIDENT WAS UNDERLYING OR AMM.  214. HOW. SIRREL FACTORY, OFFICE FARM. ETC.)  215. LOCATION  216. HOW INJURY OCCURRED (P87. THE WAS UNDERLY OR AMM.  217. DATE SIGNED  218. ACCIDENT WAS UNDERLY OR AMM.  219. ACCIDENT WAS UNDERLY OR AMM.  210. ACCIDENT WAS UNDERLY.	16a	WAS DECEASED EVER										
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)  21e LOCATION STREET  CITY OR TOWN  COUNTY  STA  TOWN  COUNTY  STA  THOUR A.M. MONTH DAY YEAR  P.M.  19  21e LOCATION STREET  CITY OR TOWN  COUNTY  STA  TOWN  COUNTY  STA  THOUR A.M. MONTH DAY YEAR  P.M.  19  21e LOCATION STREET  CITY OR TOWN  COUNTY  STA  THOUR A.M. MONTH DAY YEAR  P.M.  19  21e PLACE OF INJURY (INTURE)  AT HOUR A.M. MONTH DAY YEAR  P.M.  19  21e PLACE OF INJURY (ITY OR TOWN  COUNTY  STA  THOUR A.M. MONTH DAY YEAR  P.M.  19  21e PLACE OF INJURY  19  47  47  47  47  47  47  47  47  47  4	NO	PART 2 OTHER SIGN		ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	) TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 1	10
OR CONTRIBUTING CAUSE OF DEATH  (#EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  WHITE ALL WORK  22e I certify that (I) (this hospital) attended the deceased from OCT  sow the disceased alive on Obove (I) the fidid (did not) view the body after death.  22e Signature  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  22e ADDRESS  WILHOLDS C. OGBURN  PASSIVATION  23a BURIAL, CREMATION, REMOVAL 23b DATE  23a NAME OF CEMETERY OR CREMATORY  23d LOCATION	RTIFICATI	10 /2 8 /8	7	COR	NARY AL		DISE	ASE	YES NO	IN CERTIFY YES	ING CAUSES	S OF DEATH?
22e I certify that (I) (this hospital) attended the deceased from OCT 9 19 87, to NOV 8 19 87 that (I) (we sow the deceased rollive on NOV 9 19 87, and that in (mix Dour) opinion death occurred on the date and hour and from the causes state obove (II) the (idid idid not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN STAFF OF ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR D	0.1	00.000,000,000,000,000	CAUSE OF DEA	TH HOUR A.	M. MONTH D		21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
Sow the deceased alive on 10 . 8 19 87, and that in (m) Qour) opinion death occurred on the date and hour and from the causes state above. (1) We (did) Idid not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 0335  27d PHYSICIAN'S NAME (TYPE OR PRINT)  PROBLEM W. SUITS 25 MEDICAL CENTER W. MARRY W.  23a BURIAL, CREMATION, REMOVAL 23b DATE  23a NAME OF CEMETERY OR CREMATORY  23d LOCATION	MEDI		THE C			FARM ETC )			CITY OF TO	IWN	COUNTY	STATE
1 Interest L. OGBURN M. ATTENDING MEDICAL STAFF OF CHARLES OF PHYSICIAN DIRECTOR PHYSICIAN OF CEMETER W. MARYLES OF BURIAL, CREMATION, REMOVAL 236 DATE 126 NAME OF CEMETERY OR CREMATORY 1236 LOCATION		sow the decease	d alive on	NOV. 6	7 19_	, 011		Sour opinion	deoth occurred on the d	ote and hour	and from the	
NICHOLAS C. OGBURN ND. SUITS 25 MEDICAL CENTER W. MARYLA  236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION		Wichol	as c	095	u-		12.	PHYSICIAN [	MEDICAL STA	FF	O DATE	335 "
CITY OR TOWN			- ,	200	IRN.	ND.	SUITS	_		ER W	SAL.	ARYLA
	23a		REMOVAL						CITY OR TOWN	/alley	Shenar	ndoah V

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
BAKER AND BOUNDS

SALISBURY, MARYLAND

250 DATE REC'D EXPERISOR 256 REGISTRAR'S SIGNATURE

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				1 -	FOR STATE			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	0 / 6 6	0 0 5
111	394	NOV	10	43.4	REGISTRAR EASED NAME	FIRST		MIDDLE		NST .	REG. NO.  20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
,	8 "	€.	T		OR PRINT)	Ruth	Ame	lia	(	ard roll	Dovember 2.	1987 0203 M
18	Agu Bod	8	ŀ	SEX		Macii	4. RACE	1.1.0	5. DATE O			IF UNDER 1 YEAR IF UNDER 24 HRS
1	4 4	fo c			Female		White		June	28, 1906 YEAR	81 YRS	
	Pog.	2	71		THPLACE (STATE O	r foreign	76. CITIZEN OF	WHAT COUNTR	Y? 8. MARRIEI	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH
	decit	12	1	Ma	aryland	,	U.S.		WIDOWE	DIX DIVORCED TO ROTHER INSTITUTION	12a USUAL OCCUPATION	MD. 12b KIND OF BUSINESS OR
	s after o	XC		Salisbury		/	Penins	ula "Gene	erates Ho	spital	(TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	
ND 212	24 hour	14	6	De	LRESIDENCE (IF NO LATE LAWARE	SUSSE	R OTHER INSTITUTION NTY BX	134. CITY OR TO Delmar	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 📉	13e.STREET ADDRESS / ZIP CODE R.F.D. #1 199	140 9 9 9 9 9
WLA	1	2/2	79	A. FA	THER'S NAME	1	WIDDIE	LAST		15 MOTHER'S MAIDEN NA		LAST
MAR	3 19	1/6	1		orge M. P					Millie Parke		
ORE.	second od co	7 0	12	MI W	AS DECEASED EVE	R IN U.S. AF	VE WAR OR DATES)	166 SOCIAL SE	0 = 7.1.29	17. INFORMANT	ADDRESS	
TIME	2 5	4 4	M	NO					0543	Jean Banks	Delmar, DE. 19940	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T. BAI	Hicate	in page imposit ment, th			PART 1. DEATH		nly ane cause per ED BY- TE CAUSE (a)	line for (o), (b),	ve co	Weshire	Hearn-Feyline	BETWEEN ONSET AND DEATH
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REST	deo	of sar	- 1		Canditions, if or		(b)		CMW		A .	/
* ≥	1 1	Contract Other	- 1		cause (a), sta underlying cau		DUE TO, O	R AS A CONSE	DUENCE OF	act about	as Atheroso	101084
105, 20	tajinb	Then plea to burno njuny, or		NO	PART 2 OTHER SI		CONDITIONS C	MO LE	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	N IN PART Tro
DIVISION OF VITAL RECORDS	ne los ra	permit ene prior	1	CERTIFICATION	190 DATE OF OPER	NOITA	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
ATIV.	TAN TAN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	CER	210. ACCIDENT WAS I		- 110110 4	OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
ŏ	SICIA 10 pl	To all	1	CAL	(IF EITHER NOTIFY M	EDICAL EXAMINE	R) P	.M.	19			
Sion	PHY	A P To B	/	MED	21d INJURY OCCU	JRRED WHILE	(AT HOME ST	OF INJURY	CE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
No.	DA O	of the property of the propert			22a.1 certify that	VORK	ital) attaådadi ti	ne deceased tra	m 41	118) 10	10 11 2 8).	19, that (I: (we) last
	TEN C	T HE	- 1		saw the dece	ased alive o	11/11	18)		nd that in (my) (our) apinion	death occurred on the date and have	
	A A A	hed to	- 1		22b. SIGNATURE	)(dind) did n	at) view the bady	ofter death.		DEGREE		224 DATE SIGNED
	Q ¥ 5	T to D				WVa_	1		M	ATTENDING PHYSICIAN V	DIRECTOR PHYSICIAN	11/2/8):
	HOSPIT amed by	ORTANI	7		22d PHYSICIAN'S	HOC HOC	PRPRINT)			22e ADDRESS WYG	614 CEURTUS SACISBURY	M. S. 21 HI.
-	2	1	,	7	URIAL, CREMATIO	N, REMOVA			3c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
990	/ BP	49		100	irial		11-5-	1987	Jerusa1	em Cemetery	Parsonsburg Wi	icomico MD
11	рнин .	16 60M 7/1	84		neral director	7 77	T	D APORE	55 - DF	l l	TE REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
	(VR	A 15: 4)	200	3.	nort rune	ral Ho	ome, inc	• nerm	ar, DE	19940	0 9 1987	1

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FOR

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.					

1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).	, ,
19	87	EASED NAME FIRST	a Smith	the	Tzel	Novembe	MONTH DAY YEAR 7 3,1987	OSS YM
. [	S. SEX	Flmale	COUCZSIAN	5. DATE C	DAY YEAR - 19-1965	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	C	OUNTRY)	U. S. A.	MARRIE		Wicomico		MD.
4	Sa]	Lisbury	Peninsula Ger	street address) neral Ho		Charge A1	WORKING LIFE) INDUSTRY	2//
9	13a S	elaware Sus.	NTY 13c CITY OR	TOWN	134 INSIDE CITY LIMITS? YES NO	Rt # 2 B		9999
7	Hà	THER'S NAME FIRST RYNEY D. SM	MIDDLE IAS		15. MOTHER'S MAIDEN NAME OF STREET	h A MIDDLE	Truitt inst	
3		(AS DECEASED EVER IN U.S. AR	ve war or dates)	SECURITY NO.	ANNA G. Bal	ley San	ford, Up 23	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	ED BY	dia pur	my anut		APPROXIM BETWEEN OF	ATE INTERVAL SET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A ONS	Wande	il Sufantin		HIS	
1		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	BCOD	V		mg	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	196 CONDITION FOR W			200 AUTOPSY?	206. IF YES, WERE FINDING	3S LISED
1	TIFIC	THE DATE OF OFERATION	, a condition for w	THE TOP ENAME	TO WAS TENTONINED	YES NO	IN CERTIFYING CAUSES O	
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)	3 14
	MEDICAL	214 INJURY OCCURRED  WHILE ON WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O		21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
			nitol) ottended the deceased f n	19 87,01	od that in (Fy) (our) opinion	deoth occurred on the do	ote and hour and from the co	
		22b. SIGNATURE	we m - hor	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		IGNED .
			Wind M		22e ADDRESS	MC		
	23a B	URIAL, CREMATION, REMOVAL	236 DATE	23¢ NAME OF C	EMETERY OR CREMATORY	234 LOCATION		

DHMH - 16 60M 7/B4 (VRA 15, 4)

R.C. Doughty Jr. P.O. Box 633 Exmore Va.

Design to the second of the se All the state of the same of t Andreas This was here to be a second of the second o 

AND ADDRESSED TO SEE THE SECOND TO SEE THE SECOND TO SEE THE SECOND TO SECON

in ny the funeral director, page 3 illed within 72 hours after death

FOR

STATE	ΩF	MARYLAND	
JIMIL	vi	IMMOILAND	

DEPARTMENT OF HEALTH AND MENTAL I

HYGIENE	7	3	3	5	5	4
	RE	G. NO.				

1. DEC	7 REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
(TYPE	CEASED NAME OR PRINT)	Milton		orman	H	ûdson Idson	November		26 HOUR 2020
3. SE)	x Male		RACE White		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS A
	IRTHPLACE (STATE		'b CITIZEN OF V	WHAT COUNTRY?	A.	D NEVER MARRIED	9. BALTIMORE CITY OR CO WICOMICO		
Sal	ity or town of Lisbury		Pehinsu	Ia"Œhera	alle Hos	or other institution spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOI Retired Owne	RKING LIFE) INDUSTRY	Shop
	Florida	IN COUNT	n River	Is CITY OR TOWN Vera Be	ach	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 745 Royal Po	ImBlock	444
	Robert		NODLE	Hudson		15. MOTHER'S MAIDEN NA/ Annie	MIDDLE	Kershaw	ī
	WAS DECEASED E YES NO OR UNKNOWN YES		AED FORCES?	151-01-		815 S. Colleg	Helen M. Blore e Place, Prince	ess Anne, N	ld. 218
	IB CAUSE OF D PART I. DE AT		y one couse per BY CAUSE (o)	line for (o), (b), and	URTV	RED FRED	Rysn-Asp		MATE INTERVA ONSET AND DE
NO	Conditions, if gove rise to couse (o), s underlying co	immediate toting the buse lost	ONDITIONS CO	R AS A CONSEQUE	DEATH BUT	OSGORICATIVE  NAT RELATED TO THE FERM  HORT & DIN		DN GIVEN IN PART 110	0
CERTIFICATION	190 DATE OF OP	1 2 1	196 COND			N WAS PERFORMED	200 AUTOPSY? 201	HEYES, WERE FINDING CAUSES YES	
	21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY		21b. TIME OF HOUR A./	M. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2}	
MEDICAL	21d INJURY OCC	URRED	21e PLACE (	OF INJURY EET, FACTORY OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT
	220. [Centify that (I) (the liespital) attended the deceased from 19 to 19 to 19 to 19 that (I) (the liespital) of the deceased from 19 to								
	The state of the s	1,000		A -	87.0	nd that in my) our) opinion	deoth occurred on the date of	and hour and from the	couses state
	sow the obove 111	ed the on	view the body	A -	/	DEGREE  ATTENDING PHYSICIAN	death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
	sove the de-	ed the on	view the body	ofter debth.	7.	DEGREE	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE 1/-2	SIGNED

DHMH - 16 60M 7 (VRA 15, 4)

VO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physican and a should be detached for use as the buriol-transit permit. Then please remove carbampoints. Paper lynth the State Dept. of Health and Mental Hygiene prior to buriol, cremation, at removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the destinated from

getoined by the hospital or attending physician

1. 1 2 1 70

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Ö	1	J	3
	REG. NO.		

, REGISTRAN					REG. N	Ο.		
1. DECEASED NAME FIR		LEI	STER	2 a	DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
	- OILIND	- Lei	ster	+	November	13 1	987	3:15 /
SEX	4 RACE	5. DATE C			AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
Female	White	8-6	- 1929	AR	58	YRS.	MONTHS DAYS	HOURS
G. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIE	9.1	BALTIMORE CITY O		Y OF DEATH	
COUNTRY) M.Q.	U.S.A.	WIDOWE						
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE				Wicomico USUAL OCCUPAT	ION	125 KIND C	OF BUSINESS
0.11.1	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)			THOUSE MI			Home
Salisbury	Peninsula Gene	eral Ho	spital			White		
13b. 1	White	ehaven	13d, INSIDE CITY LIM YES NO	UTS? 13€	#RESTOOPRESS	1865	ehaven	Rd.
4. FATHER'S NAME	MIDDLE . LAST		15. MOTHER'S MAID!		WIDDLE			
Harry	Simmons	5	Sar	ah	MIDDLE	Pip	pen 1A	51
WAS DECEASED EVER IN U.			17. INFORMANT		ADDRI	ESS		
(YES, NEDRUNKNOWN)	ES, GIVE WAR OR DATES) 217-26	5-0544	Thurlow	C. I	Leister,	White	ehaven,	Md.
IN CAUSE OF DEATH (En	er anly one couse per line lor (o), (b),	and (s)	,				APPROX	MATE INTERVAL
PART I. DEATH WAS C	AUSED BY:	7	Lungh	10 4			BETWEEN	ONSET AND DE
IMM	DIATE CAUSE (a)	en.	- Janjono.	11501				
	DUE TO, OR AS A CONSE	QUENCE OF	•					
Conditions, if ony, while gove rise to immedia								
couse (a), stating t	DUE TO, OR AS A CONSE	QUENCE OF						
underlying cause la	<u>t.</u>							
PART 2. OTHER SIGNIFIC.	ANT CONDITIONS CONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE	E TERMINA	L DISEASE OR CON	DITION GIV	EN IN PART 10	0
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN								
90. DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED		200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED
Ē					YES   NO		YING CAUSES	
210. ACCIDENT WAS UNDERLYIN	G [] 21b. TIME OF INJURY		21c. HOW INJURY O				1	NO []
OR CONTRIBUTING TO CAUCE					LINIER IN AIGHE OF HAJOR	CT HATIEM IS F	ART FOR PART 2)	
(IF EITHER, NOTIFY MEDICAL EX.  21d. INJURY OCCURRED	MINER) P.M.  21e. PLACE OF INJURY	19	AN LOCATION				-	
HILE NOT WHILE	LAT HOME STREET SACTORY OFFI	ICE, FARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATI
HILE NOT WHILE AT WORK	<u> </u>		1			1	5	
	nospital) attended the declared from	and the same	11/3 19_	87	to	113		that (I) (we)
sow the deceased ali-	e on	9_6 / on	d that in (my) (our) op	pinion deot	h accurred on the de	te and hou	er and from the	couses stoted
2005 GWATURE	100	, [	DEGREE				22t. DATE	SIGNED
11117	1.11	MM	ATTENDI PHYSICI		AEDICAL STAI	7	11-1	7.5-
224 PHYSICIAN'S NAME	(YPE OR PRINT)		122 ADDDESS		IRECTOR   PHYSIC	. 3	<del>/</del> .	3-0 /
Devide	Ca 11 w	2.0	MA ADDRESS 14	, ,	E. Carrol	7 3	7 .	
Davin (		W)	See/	Kbun	1 MI	21	1861	
Burial, CREMATION, REMO	1 236 DATE 23 1 11/15/87	3c. NAME OF CE	METERY OR CREMAT	TORY	3d. LOCATION		COUNTY	
Dulle	TT/13/8/	springl	nill Cem.		Hebron	Wi	CCOUNTY	Hd. STATE
FUNERAL DIRECTOR	/		25	a. DATE RE	C'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
1/ MR	Bi'Va	lve, Mo	1 21814	NOV 1	7 1007	Asi	The s	0

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

director, page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

	DEPARTMENT OF HEALTH AND MENTAL HYC	GIENES	1	()	3	and .	0		
	CERTIFICATE OF DEATH		REG.						
E	LAST	2a. DA	TE OF DEATH	MONTH	DAY	YEAR	2b. F	HOUR	Т
*	LEWIS	No	VEm.	BER	25	158	10	32	2
Π	5. DATE OF BIRTH	6. AGE	(IN YEARS LAST	BIRTHDAY)	IF UN	DERIYEAR	R IF UI	NDER 24 H	IR:
	MONTH DAY YEAR				MONTH	S DAYS	HC11	AA ZGI	10

	FOR STATE REGISTRAR		FHEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO	5 5 5 5 D.	0 7
-	DECEASED NAME FIRST	E. L	EW LS	NOVEMB	-	26. HOUR 0327 M
	Female	White 1º	E OF BIRTH  DAY  YEAR  1922	6 AGE (IN YEARS EAST BIRT	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN 76.  CITY OR TOWN OF DEATH 1.8.		RIED NEVER MARRIED	Wicomico	_	MD.
D	Salisburg of the Nunsing Home or other	(# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF		- BUSINESS OR
1	Somer	113c. CITY OR TOWN	134. INSIDE CITY LIMITS?  10. MOTHER'S MAIDEN NAV	Route	3 40	(25
1	George P	• Lewis	Bessie	MIDDLE	Webster	ol .
Ł	(YES, NO OR UNKNOWN) (IF YES, GIVE W.				elmar, Del	
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	13	iraton Fail	me.	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	of preum	mia.		
		vDITIONS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART I	8,
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERAT		200 AUTOPSY?	20b. IF YES, WERE FIND IT IN CERTIFYING CAUSES YES	
- 10	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1:	9	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		CITY OR TO	WN COUNTY	STATE
	220.1 certify that (1) (this haspital) saw the deceased alive on	11/- 5	ond that in (my) (our) opinion	death occurred on the do		that (I) (we) last couses stated

obove, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYSICIAN MEDICAL STAFF
PHYSICIAN 220 ADDRESS (61p. tal

should be detoched for use as with the State Dept. of Health IMPORTANT: If Hem 21 is 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23c NAME OF CEMETERY OR CREMATORY Monie Cemetery

23d LOCATION CITY OR TOWN Princess Route colors State State Anne; Somerset; Md.

24 FUNERAL DIRECTOR Emes L Dinnar

/27/87

23b DATE

1987

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: etoined by the hospitol

this certificate has been signed by the burial-transit permit. Then please rem and Mental Hygiene prior to burial, cr Hem 18 shows ony burial-transit per

O HOSPITAL OR ATTENDING PHYSICIAN: The

Princess Anne

NOV 30

Julia Diridon Pandasa

E and a series desired the territory

Toward of the second 

Enforcementary among the contract of the father

et auto es

## STATE OF MARYLAND

1	3	3	2	Z	
REG. N	10.				
TE OF DEATH	MONTH	DAY	YEAR	2b.	ŀ

-9	87	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYO	GIENES /	REG. NO.	3	n)	Z	0
		CEASED NAME	FIRST		AIDDLE		AST	20 DATE OF D	EATH MONTH	DAY	YEAR	2b. HC	
			FRANC]	LS	J.	NEKA			DUEMBER	-	987		758 M
	3. SEX		1	RACE		5 DATE O	DAY YEAR	6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTH	DER 1 YEAR	HOURS	ER 24 HR5
-		MALE		WHITE			ARY 11,1914	73	YR	s			
1	NE	RTHPLACE (STATE O		USA	what country A	Y? 8. MARRIEI WIDOWE	NEVER MARRIED	icomi	CO OR COUR	NTY OF E	EATH		MD.
-		ry or town of d Lisbury	EATH		HOSPITAL, NURS		Spital	TYPE OF WORK F	OR MOST OF WORKIN	G LIFE) IN	ETRO		
	13c. S	L RESIDENCE (IF NO TATE LAWARE	IN COUNT	Υ	GIVE RESIDENCE BEFO 13c, CITY OR TO LEWES		13d. INSIDE CITY LIMITS? YES NO X	ANGOLA	DDRESS / ZIP CO BEACH/1	<sup>DDE</sup> .9958	99	199	79
10	t) FA	THER'S NAME FIRST FRANCIS		IDDLE	NEKAF	RDA	TS MOTHER'S MAIDEN NA MABEL		MIDDLE	ORAKE	E LAS	51	
ź	16a W	AS DECEASED EVE	R IN U.S. ARN	ED FORCES?	166 SOCIAL SE		17 INFORMANT	R	DADORESSBOX				
2	(A	YES	(IF YES GIVE	VAR OR DATES)	220-09-	-1673-A	NORMA N. NEK				958		
		PART L DEATH  Conditions, if or gave rise to it cause (a), sta underlying cau	IMMEDIATE  ny, which mediate ting the use lost	DUE TO, OF	MINETZ RAS A CONSECTION RAS A CONSECTION AS UD	DUENCE OF	ACRITIC	ANGL	eresur				
	z	PART 2 OTHER SH	GNIFICANT CO	ONDITIONS CO	NTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION	GIVEN IN	I PART 1	0	
7	CERTIFICATION	196 DATE OF OPER	ATION STY)	196 CONDI RUP	~	CH OPERATION	N WAS PERFORMED	20g AUTOP			RE FINDIR CAUSES		ATH?
1	MEDICAL CERT	21g. ACCIDENT WAS LE OR CONTRIBUTING	CAUSE OF DEAT	P./	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR		RE OF INJURY IN ITEM		ORPART 2)	140	
	MEDI	21d. INJURY OCCL	WHILE	(AT HOME STR	OF INJURY SEET FACTORY OFFIC	E FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	(	COUNTY		STATE
			osed ofive on _ ) (did) (did) (and	the body	14 19	<u>87</u> , or	d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	deoth occurred  MEDICAL DIRECTOR	STAFF			couses	
		CRAIG 3	. SCH	AEFER	MA		560 RIVERSIE			URY	mΔ	2180	/
		URIAL, CREMATION BUR		23b D 11 11-7-8	1		EMETERY OF CREMATORY  MARKET CEM.		NEW MARK		ORCH	ESTI	STATE ER, MD

16 60M 7/B4 (VRA 15, 4)

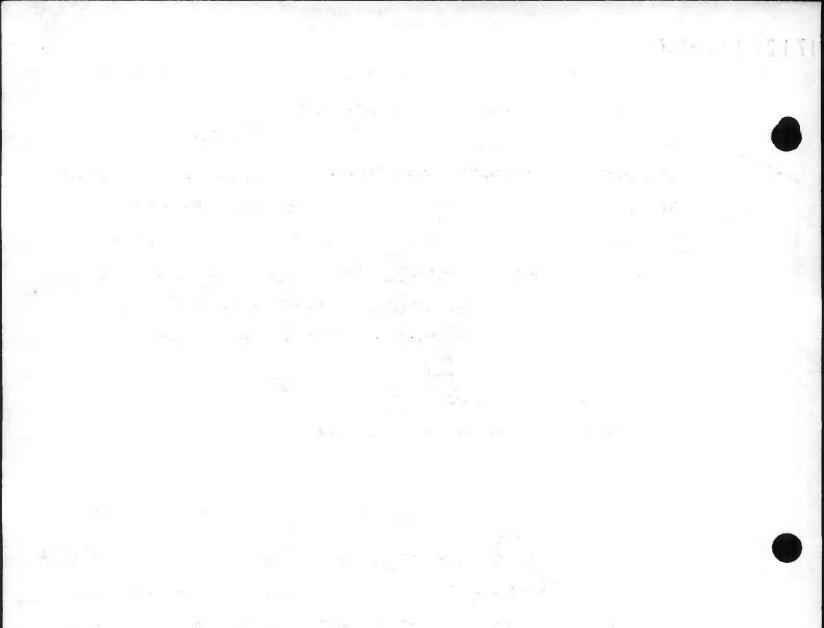
TO FUNERAL DIRECTOR:

MPORTANT: If Hem 2

24 FUNERAL DIRECTOR

ZELLER FUNERAL HOME, EAST NEW MARKET, MD 21631

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 6 1987 in Jandson Randows



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DADTMENT	OF	ME	A11	ru a	MD	MENT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2g DATE OF DEATH 26 HOUR 30 8 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

**JAMES** SCOTT 3. SEX 4 RACE 5 DATE OF BIRTH MONTH MALE WHITE SEPTEMBER 3,1913

76 CITIZEN OF WHAT COUNTRY

MIDDLE

MARRIED NEVER MARRIED

74

BALTIMORE CITY OR COUNTY OF DEATH

MARYLAND USA II. CITY OR TOWN OF DEATH

EIRST

WIDOWED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DIVORCED XX Wicomico TYPE OF WORK FOR MOST OF WORKING LIFE

CARPENTER

12b. KIND OF BUSINESS OR INDUSTRY CABINET

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Salisbury

TO BIRTHPLACE I STATE OF FOREIGN

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

130 STATE

131 COUNTY

131 (CITY OR TOWN 13c. CITY OR TOWN

113d INSIDE CITY LIMITS? YESXX

15 MOTHER'S MAIDEN NAME

EDITH

13e STREET ADDRESS / ZIP CODE UNION AVENUE/21801

MIDDLE

ELLIOTT

MARYLAND FATHER'S NAME JOHN

CERTIFICATION

WEDICAL

(YES NO OR UNKNOWN)

FOR

STATE

STATE REGISTRAR

I DECEASED NAME

(TYPE OR PRINT)

LIF YES, GIVE WAR OR DATES!

WICOMICO

RICHARDSON 166 SOCIAL SECURITY NO

214-10-7186

SALISBURY

17 INFORMANT

ADDRESS OAK HILL AVE. JAMES S. RICHARDSON, JR. SALISBURY, MD 21801

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) [NEVMONIA DUE TO, OR AS A CONSEQUENCE OF INTRACEREBRAL HEMORKHALL Canditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF

underlying cause last

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

EMBOLI VLADNART 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF

NOV. 30 10 87

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d IN JURY OCCURRED AT WORK AT WORK 21e PLACE OF INJURY

21f LOCATION CITY OR TOWN COUNTY STATE

220.1 certify that (1)(this haspital) attended the deceased fram, NOV, 30 1987 sow the deceased glive on above, (Diwe) (did) (did not) view the bady after death.

DEGREE M.D-

OCT. 27 19 87

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

23d LOCATION

22c. DATE SIGNED 130/87

22d PHYSICIAN'S NAME (TYPE OF PRINT)

560 RIVERSIDE DR.

SALISBUAT NO. 2186)

ROBERT 230 BURIAL, CREMATION, REMOVAL CREMATION

23¢ NAME OF CEMETERY OR CREMATORY

SALISBURY CREMATORY

SALISBURY, WICOMICO, MARYLAND

24 FUNERAL DIRECTOR

22b. SIGNATURE

25 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be with the S

ZELLER FUNERAL HOME, SALISBURY, MD 21801

12-1-87

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BALTIMORE, MARYLAND 21201	
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IVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	
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Page 4 may be

executed within 24 F

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate retained by the hospital or attending physicion.

BP\_ DHMH - 16 60M

-3		CEASED NAME	FIRST	M	AIDDLE	1000	LAST	20	REG. NO DATE OF DEATH	MONTH D	AY YEAR	26 HOUI
		Will	liam		E.	RUMB			11-13-	87		10
	3. SEX	MALE	14. R	WHIT	ГЕ	3. DATE O			AGE (IN YEARS LAST BIR		ONTHS DAYS	F UNDER
100		RTHPLACE (STATE OR FOR	REIGN 76. C	CITIZEN OF V	WHAT COUNTR	Y? 8. MARRIE	D NEVER MARR	0	BALTIMORE CITY O		OF DEATH	
2		ARYLAND  TY OR TOWN OF DEATH	113	US		WIDOWI	ED DIVORC	CED []	Wicomico			
1/	Sa	lisbury	I	Deer's	Head Co	enter	OR OTHER INSTITUT	(1	O. USUAL OCCUPATION PE OF WORK FOR MOST OF REPAIRMAN		12b KIND O INDUSTRY VEND I	
36	13a S M	ARYLAND	36 COUNTY DORCHE		130. CITY OF TO EAST NE	NWN			STREET ADDRESS CEDAR GROV	ZIP CODE E ROAL	/21631	
190	HJFA	THER'S NAME WILLIAM	MIDDI E	VERETT	RUMBI	LEY	15. MOTHER'S MAI	RANDA	MIDDLE		LLISS	
12		VAS DECEASED EVER IN 155, NO OR UNKNOWN) NO	U.S. ARMED (IF YES, GIVE WAI		214-07-		REGINA AN	IN J. I	ADRIF RUMBLEY,EA		OX 126 MARKE	
troumatic e		Conditions, if any, a gove rise to imme	diate		R AS A CONSEC	DUENCE OF	stage	Co	D.D.			
any injury, or other traumatic e	ICATION		which ediate the lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  DITIONS CO	R AS A CONSEG	OUENCE OF	NOT RELATED TO T		AL DISEASE OR CON	20b IF YES,	WERE FINDIN	IGS USED
em 18 shows any injury, or other traumatic e	AL CERTIFICATION	gove rise to imme couse (a), stoting underlying cause  PART 2 OTHER SIGNIF  19a. DATE OF OPERATIO  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI	which diate the lost.  FICANT CON	DUE TO, OR  (b)  DUE TO, OR  (c)  DUITIONS CO	R AS A CONSECTION FOR WHICH	DUENCE OF  O DEATH BUT  CH OPERATIO	ON WAS PERFORMED	D		20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED
rked or Item 18 shows any injury, or other traumatic e	MEDICAL CERTIFICATION	gove rise to imme couse (a), stoting underlying cause  PART 2 OTHER SIGNIF  19a. DATE OF OPERATION DAT	which rdiate the lost.  FICANT CON  REVING USE OF DEATH LEXAMINER;  D	DUE TO, OR  (b)  DUE TO, OR  (c)  DITIONS CO  19b. CONDIT  21b. TIME OF HOUR A.A.  P.A.  21e. PLACE C	R AS A CONSECTION FOR WHICE FINJURY M. MONTH M.	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19	ON WAS PERFORMED	D	20a AUTOPSY? YES NO	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USEC OF DEAT NO
n 21 is morked or Item 18 shows any injury, or other traumatic e		gove rise to imme couse (a), stoting underlying cause  PART 2 OTHER SIGNIF  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICA)  21d. INJURY OCCURRE	which diate the lost.  FICANT CON  ON  RLYING USE OF DEATH LEXAMINER)  D  E  this hospital).	DUE TO, OR  (b)  DUE TO, OR  (c)  DITIONS CO  19b CONDITIONS  21b. TIME OF HOUR A.A. P.A.  21e. PLACE COLAT HOME, STREE  ottended the	AS A CONSEGUITION FOR WHICE FINJURY M. MONTH M. DEFINJURY EET, FACTORY, OFFICE  deceased from	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19	21c HOW INJURY 21f LOCATION STREET	D CCURRED	200 AUTOPSY?  YES NO ((ENTER NATURE OF INJUIL  CITY OR TO	20b IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDING CAUSES  TRI 1 ORPART 2)  COUNTY	NGS USED OF DEAT NO
NT: If Item 21 is morked or Item		gove rise to imme couse (a), stoting underlying, cause  PART 2 OTHER SIGNIF  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI  (IF EITHER NOTHY MEDICAL  21d. INJURY OCCURRE  AT WORK NOTWHELE  AT WORK AI WORK  22a.1 certify that (1) (t)	which diate the lost.  FICANT CON  ON  RLYING USE OF DEATH LEXAMINER)  D  E  this hospital).	DUE TO, OR  (b)  DUE TO, OR  (c)  DITIONS CO  19b CONDITIONS  21b. TIME OF HOUR A.A. P.A.  21e. PLACE COLAT HOME, STREE  ottended the	AS A CONSEGUITION FOR WHICE FINJURY M. MONTH M. DEFINJURY EET, FACTORY, OFFICE  deceased from	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19	21c. HOW INJURY 21f. LOCATION STREET 21g. 19 nd that in (my) (our) DEGREE ATTEN	OCCURRED	20a AUTOPSY? YES NO CENTER NATURE OF INJUI	20b IF YES, IN CERTIFY YES RY IN ITEM 18 PAI WN 3 , 1	WERE FINDING CAUSES  TRI 1 ORPART 2)  COUNTY	NGS USED OF DEAT NO
If Item 21 is morked or Item	MEDICAL	gove rise to imme couse (a), stoting underlying, cause  PART 2 OTHER SIGNIF  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI  (IF EITHER NOTHY MEDICAL  21a. INJURY OCCURRE!  WMILE NOTHY MEDICAL  21b. INJURY OCCURRE!  Sow the deceased choose, (H-twe) (did  22b. SIGNATURE	which diate the lost.  FICANT CON  ON  RLYING USE OF DEATH (EXAMINER)  Death (EXAMINER)  Do alive on did (did not) vie	DUE TO, OR  (b)  DUE TO, OR  (c)  DITIONS CO  19b CONDITIONS  21b. TIME OF HOUR A.A. P.A.  21e. PLACE COLAT HOME, STREE  ottended the	R AS A CONSEGUATION FOR WHICE FINJURY M. MONTH M. DFINJURY EET, FACTORY, OFFICE after death.  19	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM, ETC.)	21c HOW INJURY 21f LOCATION STREET 21g d that in (my) (our) DEGREE 1 ATTEN PHYS 22e ADDRESS	OCCURRED  Opinian dea	20a AUTOPSY?  YES NO CITY OR TO  CITY OR TO  th occurred on the do	20b IF YES, IN CERTIFY YES  RY IN ITEM 18 PAI  WN  3 , 1  are and hour	WERE FINDING CAUSES  TRI 1 ORPARI 2)  COUNTY  9 5 7,  and from the	NGS USED OF DEAT NO

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STATE	OF M	ARYL	AND
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3 NOV -1	87	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 3 3 5 7 5  CERTIFICATE OF DEATH							
m.e		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR				
death	2.05	WI	LTAM	STANLEY		11 87 75 PM				
ctor. p	3 SE	M	A / El-a	5. DATE OF BIRTH MONTH DAY YEAR  03	6 AGE (IN YEARS LAST BIR	MONTHS DATS HOURS MIN.				
11 01		RTHPLACE   STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?		F BALTIMORE CITY	DR COUNTY OF DEATH				
(22		Md.	4.5.14.	WIDOWED DIVORCED	Wico	mico M				
by the filed will	50	alis bany								
filled in	130. 5	AL RESIDENCE (IF NORSING HOME OR CONTATE)								
mpletely ond 2 s	M. FA	ATHER'S NAME FIRST	IDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST				
medical of		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) IF YES, GIVE	MED FORCES? 16b SOCIAL SECONDARY OR DATES)	BRITY NO. 17 INFORMANT 1817 ANNIE John	50 N / / h/	ESS CALL MA				
physical emeral event, file		PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), ar BY: CAUSE (a)	nd (c),1	dievasculan	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ending corbo	1		DUE TO, OR AS A CONSEQU	ENCE OF						
e offer move o notion, troum		Canditians, if any, which gave rise to immediate	(p)							
by th ose re I, crer other		couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF						
n signed Then ple to burio injury, or	NO	PART 2. OTHER SIGNIFICANT CO		STANDER TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART TIO				
rate has beer ransit permit. Hygiene prior 18 shaws any i	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
is certificate burial-transi Mental Hyg or Hem 18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)				
After this ce as the burning of the and Memorked ar It	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JAT HOME STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TO	OWN COUNTY STATE				
TOR: After use as after the after th		220.1 certify that (1) (this haspite saw the deceased where an	11-11	7-12 19 TE	, to, to	, 19 that (Itylwe) lost ate and hour and from the causes stated				
L DIRECTORECTORECTORECTORECTORECTORECTORECTO		above, (I) (we) (did (did nat) 22b. SIGNATURE	view the body after death.	DEGREE ATTENDING	MEDICAL STA	FF 221. DATE SIGNED				
TO FUNERAL should be de- with the State		22d. PHYSIC AN'S NAME (TYPE OR	PRINT	226 ADDRESS	DIRECTOR PHYSIC	IANLO				
P = 3 3	23a B	URIAL, CREMATION, REMOVAL	11/2/07 /	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	- Tol country STATE				
		INERAL DIRECTOR	ADDR.	25a. DA	TE REC'D. DE REGISTRAR DV 03 1987	25b. REGISTRAR'S SIGNATURE				

DEPARTMENT OF HEALTH AND MENTAL HYGIENS 87 STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH MIDDLE I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-5 FOR YOUR FILES.
WITHIN 72 HOURS
W, PRESTON STREET, Virginia Grimes DEATH MATED Thomas 4 RACE DATE OF BIRTH 3. SEX 6. AGE (IN YEARS DATE PRONOUNCED Female White 08 1909 DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Phildelphia, Pennsylvania DIVORCED Wicomico County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION AND 3 TO THE PETAIN PAGE HOULD BE FILED Salisbury Peninsula General Hospital Homemaker USUAL RESIDENCE (JE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13e STREET ADDRESS Salisbury 104 W. William Street Maryland Wicomico 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ella Marshall Grimes Martin Luther 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LITEM 18. GIVE 165-05-5599 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). CHIEF MEDICAL EXAMINER ALONG.
USED AS A BURIAL - TRANSIT PERMIT
OF HEALTH AND MENTAL HYGIENE,
IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (6) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF IN PENCIL IN EXAMINER Canditions, if rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED

AFFER DEATH, WITH THE STATE DEPARTMENT OF HE
BALTIMORE, MARYLAND (2) 201 PRIOR TO BURILI, 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION

Burk 267 S. Third St., Philadelphia, Pa. 19106 BETWEEN ONSET AND DEATH 20. AUTOPSY? YES . NO [ 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 Driver in auto/auto collision Rt. 349 at Old Quantico Road, Salisbury WHILE AT WORK Wicomico Co., MD 22a. I certify that I state organize of the remains described above, held an and in my apinian Natural couses X death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE SIGNED 11-3-87 EXAMINER'S NAME Mario F. Golle. Ir. ADDRESS 111 Penn Street Baltimore MD 2120 23e.BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Burial Salisbury, Wicomico, Maryland 11/6/1987 Parsons Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Holloway Funeral Home, P.A., Salisbury, Maryland NOV 06

STATE OF MARYLAND

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STATE OF MARYLAND

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-9	87	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND I		iene 7	REG. NO	3	5 7	7		
	1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)  EVERETT ZABRISKIE								20. DATE OF I	DEATH A	11-1	.–87	26 HOU 5:1	_	
	3. SEX Male					S. DATE O			6 AGE (IN YE)	ARS LAST BIRTH		IF UNDER 1 YEAR	HOURS	R 24 HRS MIN.	
1	R	RTHPLACE (STATEORE COUNTRY)	lew Jer	SEY U.S.A. MARRIED WIDOWEI					9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO COUNTY MD						
0	SA	LISBURY, M AL RESIDENCE (IF NURS	D. Si	ALISBUE	RY NURS	TREET ADDRESS) SING HOME			126 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING HEI INDUSTRY  Co_owner -Woodworking & Supply						
33	13a S	aryland	Worc		Ocean	OWN	134 INSIDE C	ITY LIMITS? NO   S MAIDEN NA	Route	DDRESS E	ZIP CODE	6A Go	f849	urse	
3	1	Everett		ıw	Zabris		Ma	FIRST	MIDDLE			Zabriskie			
1	160 WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR)					social security No. 17 INFORMANT Mrs. Marian Wheelock 2 35-16-2772 Same as #13e				Zabrisk	ie (W	ife)			
	NOIL	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  DUE TO, OR AS PCONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)												<i>y-</i>	
9	CERTIFICATION				ITION FOR WHICH OPERATION WAS PERFORMED				ио 🗌	IN CERTIFY YES			TH?		
9	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)			M. MONTH DAY YEAR M. 19			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
	WE	WHILE NOT WE	RK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F					CITY OR TOWN			COUNTY STATE			
		sow the declars obote (Ne) (c) 27b SCNAPPIRE	ed alive an did) (did not) y	10-	30	,87%	DEGREE A	ATTENDING PHYSICIAN	deoth occurred				that (I) (		
	1	EARL M. E	No.		D.				IVIC AV	Æ, S	ALISBI	JRY, MI	2	21801	
		BURIAL, CREMATION, (SPEC <b>Crematio</b>	n REMOVAL	236. DATE 11/0:	2/1987	Salisbur		natory		oury,		nico, N		state	
/84		olloway Fu	neral H	ome, P	.A., Sål	îsbury,	Marylar		OVO61	GISTRAR 2	St. REGISTI	RAR'S SIGNA	TURE	M.	

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